



CHANGE OF PERSONAL PARTICULARS FORM

FOR OFFICE USE ONLY

Application Ref:	
Membership No:	
Membership Class:	
Approved By:	
Processed By:	

Part I - PERSONAL INFORMATION

Only provide changed information

Membership No. : _____

Salutation : Mr./ Mrs./ Miss/ Ms./ Dr./ Prof./ Ir. Title : _____ (e.g.JP, BBS)

Family Name : _____ Given Name : _____

Chinese Name : _____ Nationality : _____

Sex : _____ M / F Date of Birth : _____ (dd/mm/yyyy)

HKID Card / Passport No. : _____ ()

Residential Address : _____

Residential Tel. No. : _____ Residential Fax No. : _____

Mobile Phone No. : _____ E-mail Address : _____

Correspondence Address : Office / Residential

Name of Company / Organization : _____

Company Address : _____

Job Position : _____

Office Tel. No. : _____ Office Fax No. : _____



Part II - SUPPLEMENTARY INFORMATION

Members do not need to repeat the information which has been submitted before

ACADEMIC QUALIFICATIONS

Academic Qualification Attained	Date Attained (DD/MM/YYYY)	Country	University/Institute/College

PROFESSIONAL QUALIFICATIONS

Professional Qualification	Membership Grade	Country	Professional Body

EMPLOYMENT HISTORY

From MM/YY	To MM/YY	Name of Employer	Position	Referee	Contact No. / e-mail Address	For Office Use Only
Total Years of IT Experience						

COMMUNITY / IT INDUSTRY SERVICES *(Please specify the services that you have contributed to the community / IT industry)*

Period (Month, Year)	Position / Organization	Scope of Work

NOTES

Please fill in all section in block letters. In case any section in the form is not applicable, please put in N/A.

Signature

Date (DD/MM/YYYY)